



# KENTUCKY BOARD OF LICENSURE FOR MASSAGE THERAPY

P.O. Box 1360, Frankfort, Kentucky 40602  
911 Leawood Drive, Frankfort, Kentucky 40601 (Overnight Delivery Only)  
Phone: (502) 564-3296 ~ Fax: (502) 564-4818 ~ <http://bmt.ky.gov>

Form Revision Date:  
2/2013

Fee Received:

## APPLICATION FOR INACTIVE or RETURN TO ACTIVE STATUS COMBINED INSTRUCTIONS

- Refer to KRS 309.362 (3); 201 KAR 42:20 (4) (5) and (6) for laws and regulations related to moving to inactive status.
- Refer to KRS 309.362 (2); 201 KAR 42:20 (7) and KAR 42:40 (6) for laws and regulations related to returning to active status.
- Type or print the information legibly and completed in its entirety, including your email address.
- **You must hold an active license in order to move to inactive status.**
- **You may hold inactive status for five years.** After that time, your license will expire and you will need to reapply for a license.
- Documentation of continuing education is not required while maintaining inactive status.
- **To return to active status, you must document one hour of earned continuing education for each month you were inactive.**
- **You may return to active status at any time provided all requirements are met. Your renewal date will remain unchanged.**
- **While holding inactive status, you may not call yourself a "licensed massage therapist" or practice massage therapy.**
- The fee for inactive status is assessed annually because it is considered temporary.
- The fee for returning to active status is \$50.00 and will not be prorated.
- The fee can be paid by check or money order must be made payable to **Kentucky State Treasurer**. DO NOT SEND CASH.
- Mail your application to the Kentucky Board of Licensure for Massage Therapy either by mail to P.O. Box 1360, Frankfort, KY 40602 or by overnight delivery to 911 Leawood Dr., Frankfort, KY 40601.

☐ Apply for Inactive License

☐ Renewal of Inactive License

☐ Return to Active Status

### REQUIRED APPLICATION INFORMATION

Last Name		First Name		Middle Initial	Maiden Name
Home Address: Street		City	County	State	Zip Code
Business Name					
Business Address: Street		City	State	Zip Code	
( ) -	-	/	/		
Primary Phone Number	Social Security Number	Date of Birth	Email Address		
Date of Expiration of Current License		Date your License became inactive		# of years inactive status	
				(inactive status is 5 years maximum)	

#### Schedule of Fees

- |                          |  |               |
|--------------------------|--|---------------|
| <input type="checkbox"/> | Inactive Status – on- time renewal, paid annually  | fee: \$ 35.00 |
| <input type="checkbox"/> | Inactive Status - 1- 60 days past the renewal date | fee \$ 52.50  |
| <input type="checkbox"/> | Inactive Status - 61-90 days past the renewal date | fee \$ 70.00  |
| <input type="checkbox"/> | Return to Active Status (not prorated)             | fee \$ 50.00  |

- ☐ Yes ☐ No Have you ever been convicted of a misdemeanor or violation? **If yes, attach an explanation and official court documentation. Minor traffic violations do not require official documentation.**
- ☐ Yes ☐ No Have you ever been convicted of a felony, including a plea of nolo contendere, a guilty plea or entry into a diversionary agreement? **If yes, attach an explanation and official court documentation showing the disposition of your case.**
- ☐ Yes ☐ No Have you ever been subjected to disciplinary action, including voluntary relinquishment, by a state or local government licensure board, NCBTMB, or a professional association of massage therapy? **If yes, attach an explanation and supporting documentation.**
- ☐ Yes ☐ No Have you ever defaulted on the repayment obligation of financial aid programs administered by the Kentucky Higher Education Assistance Authority (KHEAA) per KRS 164.772?

Signature: \_\_\_\_\_

Date \_\_\_\_\_

## DOCUMENTATION OF CONTINUING EDUCATION FOR INACTIVE TO ACTIVE STATUS ONLY

**INSTRUCTIONS:** You are required to show that you have earned one hour of continuing education for each month you held inactive status. All hours shall be related to the field of massage therapy. Three (3) hours of continuing education will be in ethics.

In the table below, list all requested information for the courses you have completed. Incomplete information will be returned.

Course Name & Number	Provider Name & Number	Provider Phone #	Date/s of Completion	Hours Earned
			<b>TOTAL CE HOURS</b>	

### APPLICANT AFFIDAVIT

I, the applicant named in the above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any misrepresentation or falsification on this application, the Kentucky Board of Licensure for Massage Therapy could deny or revoke my license.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date